

NAME: MARY LYMPHET  
ADDRESS:  
123 CURATIVE BLVD  
OMA, CA 12345

MRN#: 236-12-3456

ACCT#: 11223355

DOB: 04/01/1926

SSN# 999-99-9991

RACE: B

SEX: F

RELIGION: CATH

MARITAL STATUS: D

MANAGING MD: DR. L. DIFFUSE

DIAGNOSIS: C200.8

PATIENT PHONE# 555-222-1113

EMPLOYER: UNKNOWN

EMPLOYER ADDRESS: UNKNOWN

INSURANCE PROVIDER: BC/BS CA  
GROUP #: ABC1234

## RADIATION SUMMARY

DIAGNOSIS: 200.8 lymphoma (stage IA, diffuse large cell lymphoma)

INTENT: Curative adjuvant

DATES OF TREATMENT: 11/07/06 through 12/20/06 (33 elapsed days)

SITE TREATED: Pelvic adenopathy/mass 45.93 Gy/23 fractions

TECHNIQUE: Three-dimensional consolidative radiation therapy, 4-field, MLC

DOSE: 3.00 Gy x 2 fractions then 2.00 Gy x 20 fractions (partial treatment of 0.98 Gy on one additional day due to power failure)

COMMENTS: The patient is an 80-year-old lady initially Karnofsky status about 60, presenting with suprapubic pelvic and abdominal pain and subsequent findings of a large pelvic mass, biopsy positive for a diffuse large cell lymphoma. She was found to have hydronephrosis due to ureteral obstruction. She has at this time undergone a course of moderate dose involved field radiation with the goal of relief of local symptoms. Subsequent staging showed no evidence of extra pelvic disease, although the patient has not as of yet had a PET scan. She has tolerated treatments well, with significant decrease in complaints of abdominal pain, and with only some grade 2 proctitis at completion, responding to symptomatic management. The patient is to follow-up with her physician for consideration of systemic management. She is to return for limited follow-up here in 6 weeks with CT scan of abdomen and pelvis.

MEMORIAL HOSPITAL - PATIENT IDENTIFICATION				Acsn #	
Lymphet		Mary			
Patient Last Name	First Name		MI	Prefix	Suffix
	_999 - _99 - _9991		_236-12-3456		
Maiden Name/Alias	SocSec#		MR #		
Address			County		
123 Curative Blvd					
City/St	Zip + 4	Area Code/Phone #			
Oma	_CA_	_555/_222-_1113_			

Spouse Last Name/First Name | \_\_\_\_\_ | \_\_\_\_\_

### Comments

Last Name	First Name	MI
Address		
City	St	Zip+4

## Supporting Text Pelvic lymph node bx-diffuse large cell lymphoma

Staging Descrip \_\_\_\_\_ IA \_\_\_\_\_

**KEY** Data items in **Bold** are required fields. Other data items are optional or “advanced surveillance”  
 [ccc] computed field, no manual input Shaded are optional non-NPCR items